

Issue 36, 2013

THE GROG

A Journal of Navy Medical History and Culture



Remembering Miss Cavell



THE GROG

A Journal of Navy Medical History and Culture

Issue 36, 2013



**Miss Cavell fusillée par les Allemands à Bruxelles
le 12 Octobre 1915 (Poster)**

*Angel kneeling beside picture of Edith Louisa Cavell,
an English nurse, who was executed by the Germans
in WWI for protecting and hiding Allied soldiers in a
Brussels' hospital.*

Courtesy of Library of Congress

OFFICE OF MEDICAL HISTORY
COMMUNICATIONS DIRECTORATE
BUREAU OF MEDICINE & SURGERY
2300 E STREET, NW
WASHINGTON, DC 20372-5300

Editor and Historian:
André B. Sobocinski

Archivist:
Mike Rhode

Oral History Editor:
COL Dick Ginn, MSC, USA (Ret.)

INTRODUCTION

Seven years ago, we started *The Grog* (then known as *The Grog Ration*) as a bi-monthly showcase of all things "Navy medicine history." Over the years we expanded our historical focus, and adjusted the publication schedule to quarterly. This year we experiment with the ever-exotic "Triannual" format, which means a release date every four months. We like to think this new schedule puts us in good stead; afterall, in Greek mythology, the "Fates," the "Furies," and the "Graces" all conveniently came in "threes." Not wanting to miss out in the excitement, or any the hip trends, *The Grog* is now threefold too!

In this premiere issue of 2013, we have the honor of presenting the original article, "Remembering Miss Cavell: A Nurse's Journey of Struggle, Sacrifice, and Service" by authors Terri Arthur and CAPT Irene Weaver, NC, USN. Arthur and Weaver present the story of the heroic World War I nurse Edith Cavell and relate her lessons to today's U.S. Navy Nurse Corps. It should also be mentioned that Arthur is the author of the acclaimed book, *Fatal Decision: Edith Cavell WWI Nurse* and has lectured about Cavell at the Navy War College.

We follow our cover story with: a look at Navy Medicine's 115-year history of global health engagement; the lost Golden Age television treasure, and Navy Medicine-themed series, *Hennesey*; and an eclectic and entertaining assortment of historical essays, book reviews, first-hand accounts, and reports.

As always, we hope you enjoy this journey on the high seas of Navy Medicine's past!



page 4...Edith Cavell



page 8... *International Neighborliness*



page 14...Remembering Hennesey

THE GROG

A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

FEATURES

*Remembering Miss Cavell:
A Nurse's Journey of Struggle, Sacrifice, and Service*
by Terri Arthur and CAPT Irene Weaver.....page 4

*A Brief History of International Neighborliness, 1898-1913:
Navy Medicine Engagement in Global Health*.....page 8

*Remembering Hennesey:
Navy Medicine's Only Primetime Sitcom*.....page 14

SHOWCASE

Navy Medicine and the Knickerbocker Theater
by VADM Joel T. Boone.....page 18

Adventures in Oral History: Art and Sculpture
by COL Dick Ginn, USA, Ret.....page 22

Duty with the F.M.F.
by LT E.G. Dorsey (illustrations by Coleman Anderson).....page 24

Navy Medicine Almanac: 1913.....page 26

Notes From the Archives
By Michael Rhode.....page 28

Book Review: Zumwalt.....page 30

THE GROG is a free tri-annual publication of the Communications Directorate dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

Remembering Miss Cavell

A Nurse's Journey of Struggle, Sacrifice, and Service

by Terri Arthur, RN, BS, MS and CAPT Irene Weaver NC, USNR, SNE

Edith Cavell was an English nurse who lived a century ago. From an early age, she had a sense of purpose in life, but that purpose was not completely fulfilled until her death. It was almost as if Divine Providence put her in this world at that specific time in history to have the precise influence in the world that she did. It was because of her perseverance, strong beliefs, and ardent desire to help others, that she truly came into her own. How often, down through history, can it be said that one particular individual's death turned the tide of a war? Not many. However, the characteristics Edith Cavell possessed truly live within many nurses in the military today.

Edith Cavell didn't plan on being a war hero when she went to Belgium in 1907. She came to Brussels at the request of a Belgian surgeon, Dr. Antoine DePage, to set up Belgium's first training school for nurses. He wrote to Edith on the urging of his wife, Marie, who remembered when Edith had come to Brussels years earlier as governess. Marie knew the children with whom Edith continued to correspond who informed her of Edith's career as a supervisor and teacher. It seemed that the good doctor was frustrated with the poor care his patients received from untrained nuns. Marie was also able to gather together a group of well-heeled benefactors to raise money to finance their nursing school.

Edith arrived in Brussels expecting

that the school had already existed in some form, but she soon discovered that it consisted only of a dilapidated row of four houses. She was told she had four weeks to create a training school for nurses. Performing the impossible, she wrote the curriculum, scheduled the instructors, designed the uniforms, and set up a classroom, a laboratory, nurses' quarters, and a patient treatment area called the "Clinique." On the opening day in 1907, the school welcomed its first five students. Unfortunately, Belgian women considered the work of nursing to be demeaning and refused to enroll in her school, forcing Edith to take in students from other countries. For many years, the school struggled to survive. Then came an unexpected turn of events: the queen of Belgium fractured her arm. Refusing to go to the traditional Catholic hospital, she chose to be admitted to the public hospital where there the nurses were educated. After that, the women of Belgium decided that what was good enough for the queen was good enough for them, and the enrollment at Edith's school soared.

Just as the school experienced growth and success, World War I broke out. On a hot August day in 1914, hundreds of thousands of German soldiers marched into Brussels. Hearing an earth-shaking rumble, Edith and Elizabeth Wilkins, her nursing supervisor, rushed to the rooftop and discovered that the sound came from thousands of hobnailed,

goose-stepping boots pounding against the cobblestoned streets. The gray, undulating mass of soldiers marched in mechanized precision to the rhythmic beating of mammoth brass cymbals and kettledrums. The visors on their spiked helmets covered their eyes. They responded to shrill whistles that hung from the lips of regiment officers. Belgium was an occupied country now. All life had changed.

Edith had been urged many times to leave Brussels and return home to work the hospital wards filled with wounded "Tommies," but she couldn't leave her school. She believed, as did everyone else, that the war would be over by Christmas. Her Clinique was turned into a Red Cross hospital. Although it treated wounded soldiers of all nationalities, to Edith's surprise, few patients were brought in. She soon learned that wounded soldiers had either died in battle or were captured and sent to prison camps in Germany. She also learned that Allied soldiers avoided the Red Cross hospitals because they were staffed by Germans who then arrested and imprisoned the recovering soldiers. Months into the war, Edith was questioning her decision to stay in Belgium. She felt useless and was anxious for the war to be over. A new school was being built and she wanted to continue her work. But then, one a cold, rainy night in the late fall, she heard a knock at her door. Standing on the step was a short, stocky Belgian named Herman

Capiau. He pushed his way inside and explained that he had two wounded British soldiers with him who needed her help. They had nowhere else to go: she was their last hope. But Edith knew she had a dilemma on her hands. If she took them in, she would be violating the law that forbade citizens, under penalty of arrest, from harboring "enemy soldiers." If she didn't take them in, they would most likely be captured and executed or die of their wounds. Their faces lined with pain and fatigue, the two soldiers leaned on each other for support, shivering under their wet clothes. One of them wobbled on one foot, a blood-soaked dressing wrapped around his ankle. Without regard for her own safety, she helped them into the nurses' quarters. The soldiers identified themselves as Colonel Dudley Boger and Sergeant Fred Meachin, both of the 1st Cheshire Regiment, BEF. Capiau explained that he would return later with plans to escort them over the border to Holland.

Unbeknownst to Edith, Capiau was an important figure in the Belgian underground. He reported to another key member in the movement, and told him that Edith was exactly the link they needed in Brussels. They approached Edith asking her if she would work with the underground to help them move soldiers from Brussels over the border to the Netherlands. She felt the law of God was greater than the law of man, so even after being told of the danger of participating in this clandestine operation, she agreed to work with them. What was nursing all about, she reasoned, but to help others in need? Assisting these men to escape would make some sense out of the brutality of war.

Hiding Allied soldiers was a challenge, but Edith found places in the coal cellar, the attic and the nurses' quarters. The underground became highly efficient, creating a network of safe houses, manufacturing false documents and even writing and distributing a newspaper, *Le Belgique*. A network of guides moved displaced Allied soldiers to safety. Their success, however, proved to be a problem for the German Kommandant, Baron Von Bissing, an old, battle-hardened Prussian who still wore his cavalry boots and sword and displayed the Iron Cross, Germany's Medal of Honor, on a chain around his neck. He had seen it all and renounced pity and compassion a long time ago. Determined to crush the underground, he hired Lieutenant Bergan, a highly intelligent, trained spy and guaranteed him a promotion if he exposed the underground. Bergan had his suspicions about the nurses' training school and set up his headquarters directly across from the Clinique, but his raids on the school produced nothing. So he hired a French prisoner with a wounded ankle to pose as an Allied soldier and approach the nurses for help.

It had become more difficult each day for Edith to continue the rescue operation. Commodities such as coal and food were scarce. Edith often went without a meal so she could feed them. The Germans confiscated any animal that could be used for food and harvested all edible crops for themselves. Many Belgians starved to death. Meanwhile, the flow of Allied soldiers that needed asylum never stopped. The Red Cross hospital filled up with severely wounded and gassed soldiers; the later rarely survived. Edith became weary

from working at the hospital during the day and caring for the Allied soldiers hiding in her school at night. Depriving herself of sleep, she often escorted the soldiers to their next contact when no other guide was available. Elizabeth begged Edith to stop working with the underground, but Edith could not turn anyone away. "Which one of these poor men do I refuse to help?" she answered back. She never turned a needy soldier away--unfortunately, not even the French spy.

The combination of the information obtained by the French spy and finding a simple postcard mailed back from one of the rescued soldiers who wrote that he hoped to return to the battle at another day, was all that Lt. Bergan needed to arrest Edith. She was held in solitary confinement for ten weeks and subjected to daily interrogations. Presenting her with a document written in German, Lt. Bergan told her that he already knew those who were involved with the underground and had arrested thirty-three of them. If she signed the document, he promised, it would go easier on her and the others. Without fully understanding that the document was a confession, she signed it.

She was tried in a military court and found to be guilty of espionage. According to German law, the accused was considered to be guilty unless proven innocent. Edith was not allowed to talk to the lawyer the Germans had assigned to her, so he had no idea what she was being charged with and thus could not prepare an adequate defense. She admitted to helping about two hundred soldiers escape (in fact, the number was closer to a thousand.) A jury of five high-ranking German military officers

found her guilty and sentenced her to death. The Germans hoped this would instill fear in the hearts of the Allies and deliver an unequivocal message: submit or die. On 12 October 1915, only a day after the sentence was pronounced, at the age of forty-nine, Edith Cavell was executed by a firing squad of eight men.

Her execution was widely publicized and caused worldwide outrage. In response, thousands of men in the UK, far from submitting to German intimidation, enlisted to avenge her death. "If she can die like a soldier, so can we," was their attitude. America was not directly involved in the war at that time but agreed to help supply the spent-out Brits with the materials of war. American suffragettes embraced her cause and mailed out thousands of letters to President Wilson urging him to declare war on Germany. "If they will do this to a nurse who cared for their own, what will they do to the rest of us?" as one letter put it. In time, America needed to protect the financial investment it had made in England. France was on the verge of being occupied and there was no doubt that England would be next. In 1917, America joined the war "over there," and two years later Germany was defeated. The Kaiser admitted that killing Edith Cavell was the worst mistake he had made in the war.

Within the U.S. Navy there is a common thread that binds everyone together, which is the motto "non sibi sed patriae" (not self, but country). It speaks of honor, courage and commitment. Cavell's belief system was based on the same ideals. She had the courage and confidence to lead and promote change in a complex world. She epitomized honor through her sincerity and spiri-

tuality and her actions to protect the underground mission were admirable. In her commitment to the Allied cause, she found peace. Many in the military are honored to wear the uniform showing solidarity in the defense of freedom – a conviction held so sacred, that like Edith, many have sacrificed their lives to protect this cherished ideal.


Edith Cavell displayed her leadership in education, innovation, delegation, inspiration, motivation, communication and teamwork. These are all bedrock virtues the U.S. Navy believes in. There have been many military (and civilian) nurses who worked with the underground to rescue soldiers just as Edith Cavell did and cited her as their influence. In that sense, Cavell died forward through the decades and her story continues to be an inspiration to many. Some people teach us how to live and some teach us how to die. Edith Cavell did both.

About the Authors

Terri Arthur, RN, BS, MS is the author of the historical narrative novel *Fatal Decision: Edith Cavell WWI Nurse* (November 2012). She is a long-time resident of Massachusetts and served as a nurse in critical care and acute care, education, and clinical management in hospitals on Martha's Vineyard, Plymouth, and Cape Cod. She is also a volunteer disaster nurse for the American Red Cross. In addition to her nursing, Arthur is a frequently requested lecturer on Edith Cavell including presenting at the Naval War College, Newport, RI. **CAPT Irene K. Weaver**, NC, USN is a Senior Nurse Executive with the Operational Health Support Unit, in Camp Lejeune, CA.

Bibliography

- Beck, James. *The Case of Edith Cavell: A Study of the Rights of Non-Combatants*. Dodo Press, 1915.
- Clark-Kennedy, A.E., *Edith Cavell: Pioneer and Patriot*. London: Farber and Farber, 1961.
- Evans, Jonathan. *Edith Cavell*. Whitechapel, London: The Royal London Hospital Museum, 2008.
- Hoeling, A. A. *Edith Cavell*. London: Cassell, 1958.
- Judson, Helen. *Edith Cavell*. New York: Macmillan, 1941.
- Kellogg, Vernon. *Headquarters Nights: A Record of Conversations and Experiences at the Headquarters of the German Army in France and Belgium*. Boston: Atlantic Monthly Press, 1917.
- Ryder, Rowland. *Edith Cavell*. London: Hamish Hamilton, 1975.
- Van Til, Jacqueline. *Edith Cavell in Belgium*. New York, New York: W. Bridges, 1922.
- Whitlock, Brand. *Belgium: A Personal Narrative, Vol I & 2*. New York: D. Appleton, 1919.



International Neighborliness, 1898-2013

Throughout its long history, it can be said that Navy Medicine has been a standard bearer for what Theodore Roosevelt once termed "International Neighborliness."

"Lawrence J. Semon, Hospital Corpsman 2nd Class"

By Cliff Young

Charcoal on Acrylic Gesso, 1968

Courtesy of Navy Art Collection



A Brief History of Navy Medicine's Engagement with Global Health

The end of the Spanish American War (1898) marked the emergence of the United States as a global military power and the beginning of the Navy's long history of what we may now call Global Health Engagement. Owing to the concessions of war and an age dominated by imperialistic intentions, the Navy entered the new century expanding its reach to American Samoa (1900), Cuba (1903), Guam (1898), the Philippines (1905), Puerto Rico (1902), Territory of Hawaii (1898) and the Panama Canal Zone (1903); with these new ports came a host of endemic tropical illnesses with debilitating effects on military personnel. Navy doctors, hospital corpsmen and nurses were now serv-

ing on the frontlines in the war against these diseases.

The Navy's chief weapon in this fight was new medical science; in the early twentieth century, its armory of scientific learning was the Navy Medical School.¹ Under the tutelage of tropical medicine pioneers like Drs. Edward Stitt,² James Gatewood,³ Charles St. John Butler and others, medical students newly minted in the Navy Officer Corps, investigated tropical disease vectors, prevention techniques and clinical laboratory procedures. Navy medical students would go on to use the new found knowledge to vaccinate the native populations of American Samoa and Guam against smallpox in 1903 and 1905, respectively; help develop

1. Originally established in Philadelphia, PA, in 1823, the Naval Medical School was re-established in May 1902 at the Naval Museum of Hygiene in Washington, DC. The School's mission was simple: to instruct and train newly appointed medical officers in "professional branches peculiar to naval requirements." Here was an institution where newly commissioned physicians could learn the kind of medicine they would not have been exposed to in civilian medical schools—tropical medicine, the treatment of ballistic wounds, burns—in short, the grist of naval medicine. A five-month course had a curriculum covering microscopy, naval hygiene, military law, and a program of physical exercise and military drill akin to what any student might experience in a military school or service academy.

2. RADM Stitt (1867-1948) made his reputation as a teacher and the world's leading authority on tropical medicine and clinical laboratory procedures. His great interest in the subject was stimulated following the American victory in the Spanish-American War. Suddenly, U.S. sovereignty and responsibility included the populations of Guam, and the Philippines, Puerto Rico, and Cuba. Each of his books, *Diagnosis and Treatment of Tropical Diseases*, and *Practical Bacteriology*, have become classics read to this day.

3. Medical Director Gatewood (1857-1924) served as superintendent of the Naval Medical School. He was the author of the seminal work, *Naval Hygiene* (1909).



Tropical Medicine Pioneer

In a naval career that extended from 1900 to 1939, RADM Charles St. Butler served at stations in Haiti, the Philippines, the Virgin Islands, as well as five separate duties at the Naval Medical School in Washington, DC, where he earned renown as an expert in bacteriology and tropical medicine. Although, wholly forgotten today, Dr. Butler was once internationally recognized for his work on communicable and tropical diseases. In his book, *Syphilis Sive Morbus Humanus: A Rationalization of Yaws So-Called for Scientists and Laymen Interested in the Damage to Man from Venereal Diseases* (1936), Butler insisted on the unicity of yaws and syphilis and disputed the theory that Christopher Columbus' men contracted syphilis in the New World and spread it to Europe. Both controversies are still subjects of debate among investigators even today.

and administer anti-typhoid vaccinations (1912), ultimately extinguishing the disease in the Navy and Marine Corps; stamping out hookworm infestations (1920s); aggressively campaign against yaws and conjunctivitis (1920s); and partake in a host of international relief efforts working with civilian populations throughout multiple continents. Across Navy Medicine, medical professionals were expanding their outreach in an effort to lessen impact of disease in global populations. Navy nurses established training schools in American Samoa (1914), Guam (1911) Haiti (1918) and Virgin Islands (1918) to instruct native women basics of health and hygiene. Many of the graduates of these schools became proficient midwives and nurses who further extended the reach of medical care to native villages.

During the occupation of Haiti (1915-1934), Navy physicians, and hospital corpsmen alike, traveled throughout the country providing medical care to civilians and helped establish a Haitian public health office (1916) and a Haitian Hospital Corps (1917). Working with American Red Cross, U.S. Public Health Service officials, and native doctors, Navy medical personnel set out to throughout Haiti to combat cholera, yellow fever and curtail communicable diseases like smallpox, venereal disease, and typhoid fever as well imbuing the importance of sanitation and personal hygiene.

In World War II, tropical diseases challenged U.S. forces like never before and none more so than malaria. Malaria accounted for 68 percent (113,744) of all Navy and Marine Corps tropical disease casualties in the Pacific throughout the war. During the Guadalcanal campaign alone (7 August 1942 and 8 February 1943) over 60,000 American Soldiers, Sailors and Marines were stricken with malaria accounting for over a million man-days lost. Navy Medicine aggressively combated malarial fever by administering atabrine⁴ tablets and deploying epidemiological and malarial control units to locate and destroy *Anopheles* mosquitoes and their breeding grounds.

Under the guidance of Navy Medical Officer Albert Behnke (1903-1992), the Navy established the Naval Medical Research Institute (NMRI) on the campus of the National Naval Medical Center in Bethesda, MD in 1942, for basic and applied research and development concerned with the health, safety and efficiency of naval personnel. Included in the wide-range of investigations conducted by the Institute in World War II were insect repellants, malaria therapy, use of quinacrine (atabrine), schistosomiasis, and the purification of drinking water.⁵

In connection with NMRI, the 1940s also saw the development of the Navy Medical Research Unit (NAMRU) program. Throughout the next sixty years the NAMRU laboratories operated overseas in Addis Ababa (Ethiopia), Guam, Cairo (Egypt), Jakarta (Indone-

4. Atabrine was the trade name for "quinacrine hydrochloride." These bright yellow bitter tasting pills were used throughout World War II as an anti-malarial. Atabrine largely replaced quinine in the war because of limited supply of cinchona bark.

5. Goldman, David (ed.) *The Naval Medical Research Institute, 1942-1962*. NMRC. 1962.

sia), Lima (Peru), and Taipei (Taiwan). Scientists at these labs spearheaded investigations into the causes and prevention of Avian influenza, diarrheal diseases, rheumatic fever, airborne infections, schistosomiasis, West Nile virus as well as lead pioneering efforts in containing diseases and developing vaccines. Today NAMRU-2 (Pearl Harbor, Hawaii), NAMRU-3 (Cairo, Egypt), and NAMRU-6 (Lima, Peru) serve on the vanguard of biosurveillance and infectious disease field research and medical diplomacy.

Navy medical laboratories can boast of many heroes in the cause of global health, but two deserve special mention. CAPT Julius Amberson, MC, USN (1895-1988) traveled across Africa, the Middle East and India in the 1940s searching for causes of epidemics and their prevention. He was the first individual to discover that Penicillin was effective against louse-borne Relapsing Fever in Egypt (1944) and later helped develop mobile chemo-therapeutic technique for the cure of cholera in India (1945). As Officer-in-Charge of the Navy Medicine Science Group's Cairo-to-Capetown Expedition (1948), he traversed the African Continent from Port Said, Egypt, to Capetown overland investigating the geographic distribution of animal reservoir hosts of disease, vectors of disease, and clinical manifestation of tropical disease in man. He later served as Global Health Instructor at the Navy Medical School (1966-1970) and a technical advisor for a series of Navy produced global medicine training films.

CAPT Robert Phillips, MC, USN (1906-1976), served as a commanding officer of NAMRU-3 (Cairo) and later NAMRU-2 (Taipei). Throughout his

Nurse Ambassadors of Global Health

Across Navy Medicine, as medical professionals expanded their outreach in an effort to lessen impact of disease in global populations. Navy nurses established training schools in American Samoa (1914), Guam (1911) Haiti (1918) and Virgin Islands (1918) to instruct native women basics of health and hygiene. Many of the graduates of these schools became proficient midwives and nurses who further extended the reach of medical care to native villages.



Early Disaster Preparedness Operations

Following major earthquakes in San Francisco (1906), Messina, Italy (1908) and in Turkey (1912), Navy medical teams of corpsmen and physicians operated relief stations, distributed medical supplies, and rendered assistance where needed.

career, CAPT Phillips earned a reputation for his research and treatment of tropical diseases, including the development of a vaccine against trachoma. His conception of a simpler cholera treatment was realized in the late 1960s with the development of glucose-based oral rehydration therapy, a monumental breakthrough to which many other investigators made vital contributions. Today, these simple advances have been integrated into everyday medical practice across the globe, saving millions of lives annually.

Humanitarian Assistance and Disaster Preparedness Operations

Following major earthquakes in San Francisco (1906), Messina, Italy (1908) and in Turkey (1912), Navy medical teams of corpsmen and physicians operated relief stations, distributed medical supplies, and rendered assistance where needed. Decades later, Navy medical personnel contributed vital services on the first civic action programs established in Vietnam. Medical Civic Action Program (MEDCAP), Dental Civic Action Program (DENTCAP), Military Provincial Health Assistance Program (MILPHAP) were developed to provide emergency medical and dental care for civilian casualties and refugees in combat areas.

At the start of the twenty first century, medical personnel continued the trend of global medical care travelling to Cambodia and Sri Lanka to provide assistance to those suffering landmine blast injuries; Djibouti to conduct an industrial health surveys; Baghdad as part of the Coalition Provisional Authority to assist in training the newly formed Iraqi Army in combat lifesaver skills; Zambia to conduct an HIV/

AIDs research project and provide HIV lectures to Zambian military personnel; and Ghana to provide humanitarian aid, civic assistance, and medical peacetime support.

Hospital ships have long lead the way on these missions of relief serving as powerful symbols. Beginning with USS *Solace* in 1898, and continuing today with USNS *Comfort* and *Mercy*, hospital ships with their blazing red crossed-hulls have long been symbols of “soft diplomacy.” In 1973, when USS *Sanctuary* cruised to Columbia and Haiti providing medical aid and assistance⁷ as part of Operation Handclasp. More recently, USNS *Comfort* and USNS *Mercy* have become vehicles of “soft diplomacy” through their important roles in wake of Indonesian earthquake (2004), Hurricane Katrina (2005) part of Operation Unified Response in Haiti (2010) and with the Continuing Promise, and Pacific Partnership programs.

In the twenty-first century, the Navy Medical Department continues to perform a wide range of humanitarian operations, scientific research, and medical surveillance as part of a global health initiative. Throughout it all Navy Medicine continues to thrive as a global health care system fully engaged and integrated in providing high quality health care to beneficiaries in wartime and in peace. *by ABS*

A blue-tinted photograph showing a man and a young boy brushing their teeth together outdoors. The man is on the left, leaning over the boy on the right. Both are holding toothbrushes to their mouths. The background is a blurred natural setting.

Navy Medicine in Civic Action Programs

Navy medical personnel contributed vital services on the first civic action programs established in Vietnam. Medical Civic Action Program (MEDCAP), Dental Civic Action Program (DENTCAP), Military Provincial Health Assistance Program (MILPHAP) were developed to provide emergency medical and dental care for civilian casualties and refugees in combat areas, offer sick call and limited dispensary care in areas not yet secure.



Publicity still of Jackie Cooper as Navy physician "Dr. Hennessey" (after his promotion to Lieutenant Commander) and Abby Dalton as LT Martha Hale of the Navy Nurse Corps.

All images are from the collection of A. R. Sobocinski

Remembering **HENNESEY**, *Navy Medicine's only Primetime Sitcom*

*It was to 1959-1960 period what M*A*S*H became—a comedy show that worked on two levels. On one level, it had something that the mass audience enjoyed—nice people, people they cared about and took pleasure in watching, plus good jokes and a few wispy hints of sex. On the other level, it became a show sophisticates could safely watch and talk about because it had a little class and wit as well as occasional drama.¹*

~Jackie Cooper (LT/LCDR "Chick" Hennesey, MC, USN)

Long before *NCIS*, and even before *McHale's Navy* hit the high seas of television, the U.S. Navy had *Hennesey*, a weekly TV comedy series about the misadventures of a Navy physician at "Base Dispensary, San Diego, CA." Airing from 28 September 1959 to 17 September 1962 on CBS, the show starred former child actor, and actual Navy man, Jackie Cooper in the titular role of LT (later LCDR) Charles "Chick" Hennesey, a talented Medical Corps officer working on the other side of the "looking glass" of military affairs. He is joined in the mission of healthcare by a troupe of Navy medical regulars—LT Martha Hale (Abby Dalton),² a Navy Nurse who balances out Hennesey's rash judgments and impulses; she is Hennesey's friend and later his lover. Chief Max Bronski (Henry Kulky)³ an old salt

of a Hospital Corpsman with a fondness for quoting Spinoza; LT Harvey Spencer Blair III (James Komack),⁴ a trustfund kid turned-Navy dentist with a knack for fraying his commanding officer's nerves through an assortment of reckless endeavors; and CAPT Walter Shafer (Roscoe Karns)⁴ as the "by the books"-irascible commanding officer whose work never intrudes upon his dedication to his golf game.

The show was created by writer and

director Don McGuire for Cooper. Originally, McGuire proposed a show about an Army doctor which Jackie Cooper fought against. In his biography, *Please Don't Shoot the Dog*, Cooper recalled, "I was a little troubled about the Army doctor. I said that a man in an Army uniform just didn't look like a doctor, and besides, there had been a few other Army-oriented shows on TV." Cooper believed the public was already familiar with "Army culture" through



From 1959 to 1962, Dr. Hennesey could be found in magazines and newspapers advertising an assortment of products.

1. Cooper, Jackie. *Please Don't Shoot the Dog: The Autobiography of Jackie Cooper*. New York: William Morrow and Company, 1981. p226.
2. Abby Dalton prolific television actress who appeared on the *Joey Bishop Show* (1962-1965) and *Falcon Crest* (1981-1986).
3. Henry Kulky (1911-1965) was a flat-nosed heavyset actor and former professional wrestler who had a history playing Marine Sergeants, and Navy Chiefs. Before his death in 1965, Kulky acted on the TV Series *Voyage to the Bottom of the Sea* (1964-65) playing "Chief Curly Jones."
4. James Komack (1924-1997) later served as director for TV's *Get Smart* and *Courtship of Eddie's Father* and served as executive producer of *Welcome Back Kotter*.
5. Actor Roscoe Karns (1891-1970) often appeared as fast-talking newspaper men and sailors in the 1930s and 40s.



Dell Comics produced two issues of a Hennesey comic book in 1961

Sgt. Bilco on *The Phil Silvers Show*. Not only would it have been a tough sell to repackage an Army officer as a physician, Cooper believed that the Navy's uniforms looked more "doctorial" and he could use his old Navy connections to get advice and shoot onsite at Navy installations.⁶

Each episode of *Hennesey* featured the namesake protagonist practicing the art of healing while maneuvering his way through the intricacies of Navy culture.

Whether he is at the dispensary or in the field, Dr. Hennesey relies heavily upon his corpsmen and nurses who often serve as his guides in all matters of protocol. Cooper plays the character as a medical man first who just happens to be in the Navy. In fact, on several occasions, Dr. Hennesey insists that the Navy exists primarily "to help others."

Hennesey's storylines ran just under thirty minutes and covered such tried-and-true topics as expeditionary

medicine, medical care aboard submarines, medical retirement, physical fitness, and saving the lives and limbs of Navy Sailors and Marines. Through it all, "Chick" Hennesey is the ever-dedicated physician who is always willing to lend a hand as well as an ear, and never too proud to ask advice or go the extra-mile to help those in need. In one episode he even helps a farmer living near Camp Pendleton deliver a calf.


One of the many highlights of the show were the frequent appearances by popular entertainers in guest spots as officers and Sailors. Guest stars included such notable entertainers as Bobby Darin, Sammy Davis, Jr., Charles Bronson, Frank Gorshin, Don Rickles, Mickey Rooney, and comedian Soupy Sales.

Foreshadowing a trend that is common today, each episode of *Hennesey* began with a teaser of the plotline before the opening credits rolled.⁷ And in lieu of a packaged title sequence, the opening credits ran over various storyline segues (e.g., walking across Navy Base San Diego, meeting with patients, playing chess with LT Hale, etc.)

Unfortunately, despite being eminently popular, other commitments by show creator McGuire coupled with a loss of sponsorship and loss of creative control for Cooper, lead to the show's demise after three years and 96 episodes. Today, the show is all-but-forgotten. Until it is released on DVD, *Hennesey* will remain just another lost treasure from the Golden Age of television. **by ABS**

6. Cooper, p223.

7. Also referred to as "cold opening" of a show.



Throughout the series several characters were promoted through the ranks and ratings. LT Hennessey and Hale would become Lieutenant Commanders, CAPT Shafer was promoted to Rear Admiral, and Chief Bronski would rapidly rise up to Master Chief Petty Officer as seen in this CBS publicity still.

District policemen assess the remains of the Knickerbocker Theater in wake of the disaster of January 1922.

All images courtesy of Library of Congress



NAVY MEDICINE AND THE KNICKERBOCKER THEATER

On 28 January 1922, the nation's capitol faced its worst winter weather disaster when a massive snowfall precipitated the collapse of the Knickerbocker Theater¹ killing 98 people² and injuring over 130. Rescue workers gathered to the area of disaster. Policemen, firemen, and members of the general public did what they could to rescue and provide aid. A nearby candy store was used as a temporary hospital for the victims. Others were rushed to Walter Reed Army Hospital. Among those courageous first responders were military personnel of Army and the Navy. The Navy was represented by LT (later VADM) Joel Boone and famed aviator LT Richard Byrd. In 1964, Boone would recall the circumstances of the movie theater collapse and subsequent rescue.³

Sometime in January...[of 1922], a perfectly frightful disaster occurred. The Knickerbocker moving picture Theatre at 18th and Columbia Road, Northwest, had the roof collapse from a tremendously heavy load of snow. There was a moving picture being shown at the time, fairly early in the evening. Mrs. Boone and I lived about a block and a half, two blocks, down Biltmore Street, and hearing a terrible disaster had occurred up the street with many fire engines rushing to that area, I quickly ran up Biltmore Street and in a few minutes was at the Knickerbocker. I learned that

there were a great many people killed, no doubt, and very severely injured. Some of the people who were standing in the lobby of the theatre, waiting to get their tickets, [were] thrown out of the double doors that swung into 18th street. The concrete and steel roof had completely collapsed, pulling some of the side walls with them, and smashing down the balcony and catapulted into the main floor. There was great confusion and excitement. It was not possible to get into the theatre from the lobby, due to all the debris, steel and concrete and plaster and furniture that had been thrown to the bottom of the main floor.

1. Moviehouse on 18th and Columbia, NW, Washington, DC.

2. Including Congressman Andrew Jackson Barchfield.

3. This recollection of the Knickerbocker Theater Disaster is excerpted from the Boone papers—Memoirs, Library of Congress. Washington, DC. Box 45. XVI-p58-61.

I went out on the street. I met Richard Byrd,³ who later became the great aviator and explorer. He and I knew each as young Naval officers. We tried to find an entrance into the theatre. The only way we could get into the holocaust was through a small door off Ontario Road and opposite Biltmore Street. We heard the cries of wounded. We were able to extricate some. There were others who could, in a way, help themselves out of the building. We set up a dressing station up the street on Ontario Road in the basement of the Christian Scientist Church,⁴ where many volunteers turned to do what they could to take care of the wounded, cover up the dead.

Byrd and I shuttled back and forth between the theatre and the Christian Scientist Church. The fireman and police arrived in great numbers and later there were acetylene torches brought in which permitted us to get some of the wounded who seemed to be completely buried. Those with the pickaxes and drills.

Even in war which I had known so intimately for such a long time did not present a picture as devastating to such a mass of people in a small area in one building as did this sight in the Knickerbocker. We would see an arm stuck out from cracked concrete, or a leg. We had gotten some morphine, so we

injected them freely. At times we could hear their voices and their screams. We couldn't extricate them for some time. I remember so distinctly that a man, when we went to rescue him, and all we could do was to hear his voice and get his arm and hand out ... crevice of the concrete, he said, "Please give no attention to men, but try to do all you can for my wife." We worked some time to free her... After a time he said to us, we could hear his faint voice, he said: "Now my wife has expired, so please do what you can to extricate me." He was a dentist, and after a while we were able to get him out. He was very horribly injured. Sometime in the late evening as I went out of this small door that I have spoken of, to return on one of my trips to the aid station in the Christian Scientist Church, I met General Pershing. He had heard about the terrible accident and came to see what he could do. He was completely stunned when he went in with me to the interior of the building and saw the indescribable situation. A great large beam had fallen and penetrated the back of the body of the orchestra leader.⁵ It pinned him up against the stage and he was held there in death with the beam stuck in his back. There were innumerable indescribable situations one could narrate, dealing with individuals. I cannot praise adequately

the work done by the volunteers and Christian Scientist Church members caring for the wounded.

No one had any compunction about having treatment applied. I am sure that everyone who saw this suffering humanity were more or less constantly in prayer.

Dick Byrd and I worked throughout the night until sometime the next morning. As soon as any statistics could be gathered, it was reported in the press that 108 lives had been taken in this holocaust and more than 100 were injured. In fact, I doubt that the full total number of injured was never ascertained. This disaster was decreed as the worst that had occurred in Washington to anyone's knowledge. The service that Byrd and I had rendered apparently was brought to the attention of the Navy Department by someone or some people, for in a few days he and I had ... very splendid commendation letters sent to us from the Secretary of the Navy.⁶

It took a long time to get rid of all the steel and concrete and ice from out of the building and then to have inspections made and investigation conducted. If my memory serves me correctly, the contractors and builders and architects were all hauled up into court for prosecution,⁷ but I do not recollect what the end result was of the court ac-

3. Richard Evelyn Byrd, Jr. (1888-1957) was one of the Navy's last explorers and like Boone a Medal of Honor Recipient.

4. 16th and I Street, NW

5. The orchestra was playing at the time the roof collapsed.

6. In addition to Lieutenants Boone and Byrd, Navy Commendations were awarded to CDR J.H. Iden, MC, USN, LCDR R.A. Warner, MC, USN in February 1922 and later nurses Chief Nurses Anne Harkins and Florence Vevia. Stitt, Edward to Chief of Bureau of Navigation. "Commendatory letters for assistance rendered at Knickerbocker Theatre." 20 February 1922. FLP:ESK 124684(23). BUMED Correspondence Records. National Archives. RG52.

7. Theater Architect Reginald Geare and owner Harry Crandall each later committed suicide in 1927 and 1937, respectively. Conn, Carol. Storm Recalls the 'Knickerbocker' Snow of 1922. *The Washington Post*. Feb 20, 1979. pA10.

tion, but it was reported in the press that in the building of this theatre the steel beams were resting only a few inches on the walls, and with time, walls are apt to give a bit, particularly where there was a lot of streetcar traffic, causing vibrations. And then with this tremendous load of ice and snow on the roof and since the roof had not been properly laid on the walls, the walls sprung and the roof collapsed, carrying with it steel girders within the building, all the great timbers, and all the entire upper structure above the balcony.

By VADM Joel T. Boone (1964)



Adventures in Oral History: Oral History in Art and Sculpture

by COL Richard Ginn, USA, Ret. , Oral History Editor


It is said that statistics are people with the tears wiped off, but oral histories are more than statistics. The history of dates, names, places and events is the skeleton of historical accounts, but the oral historian goes beyond that into matters of the heart to search out the humanity in events. Sailors and Marines have compelling stories to tell, but capturing the depth of their stories requires more than a strictly analytical approach. In an earlier article in *The Grog*, we used the metaphor of the priest's collar to illustrate how an oral history can produce vivid moments as individuals recount intense experiences. We can also think about the oral historian's task in terms of sculpture and painting, artistic endeavors that put human emotions at their center.

An oral history begins with a recording that is transcribed into a document, but what emerges needs improvement. It requires editing by the historian, since what makes sense during the interview can become unintelligible in a transcript as all sorts of mischief creeps in with problems of syntax, jargon, and transcription errors. As a sculptor carves and polishes a block of rock to bring out the subject buried within, the oral historian must sculpt the transcript by chipping, fixing and polishing.

The oral historian's task is also akin to the art of the painter, who can pictorially display human events in a way that captures their emotion and drama. A remarkable example is "The Raft of the *Medusa*," a painting by the French artist Théodore Géricault of the 1816 wreck of the French frigate *Medusa* when 147 people were set adrift on a crude raft, and only 15 survived. In a selectively imaginative way the artist captured this disaster in a single painting that no photo could possibly do. Just as the painter trains the eye on events to bring a scene to life, so does the oral historian attempt to capture and preserve an individual's vision and feel of an experience within the selective focus of an interview.

Thus, like the sculptor and painter, the oral historian begins with the essentials of time and place and numbers and things, but ends up with something greater than those parts. It is a process that begins with the selection of interview subjects and the choice of questions, and then refines the resulting transcript in a way that that brings clarity and focus. At the end it provides us a unique feeling for events through the words of the very special sailors and Marines who make our history.



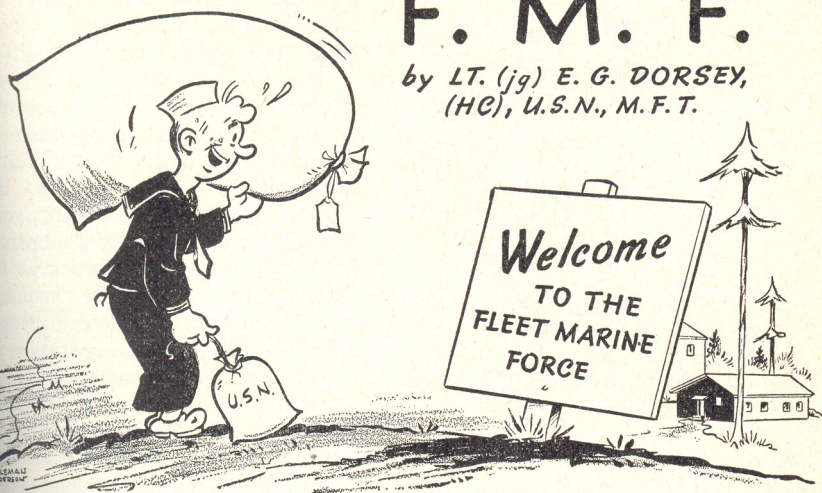


Bas-relief depicting the "Raft of the *Medusa*" on
Géricault's tomb in Père Lachaise Cemetery in Paris,
France

Photograph by A.B. Sobocinski

DUTY WITH THE "F. M. F."

by LT. (jg) E. G. DORSEY,
(HC), U.S.N., M.F.T.



You will proceed to Camp Lejeune, New River, NC (or Camp Pendleton, Oceanside, Calif.), for a course of instruction at the Medical Field Service School, and, upon completion, for further assignment to a combat unit of the Fleet Marine Force.¹

It is the initial step in a series of varied and interesting experiences. The habits and routines to which you have become accustomed are subject to some radical changes. The primary object of the training you are about to undergo is to make you an integral part of the Marine Corps combat teams. This is in addition to carrying on your expected assignment, "To keep as many men at as many guns as many days as possible."²

The first step is the issuance of the proper clothing, both field and dress,

to identify you as one of the great corps to which you have been assigned. Utility clothes, field shoes, caps, blankets, greens (dress), and all of your "782"³ gear is included in this issue. It would be well to remember this fact should you be assigned to the Fleet Marine Force. In order to avoid subsequent confusion and unnecessary shipping difficulties, it is wiser for you to carry with you a minimum amount of Navy clothing. Ultimately, you will have to send your Navy outfit home.

Once the clothing situation is squared away, the class and field work begins. This consists of clerical procedures, property and accounting, map reading, compass reading, field and personal hygiene and sanitation, first-aid, and minor surgery, the function of the medical department in the field, field equipment

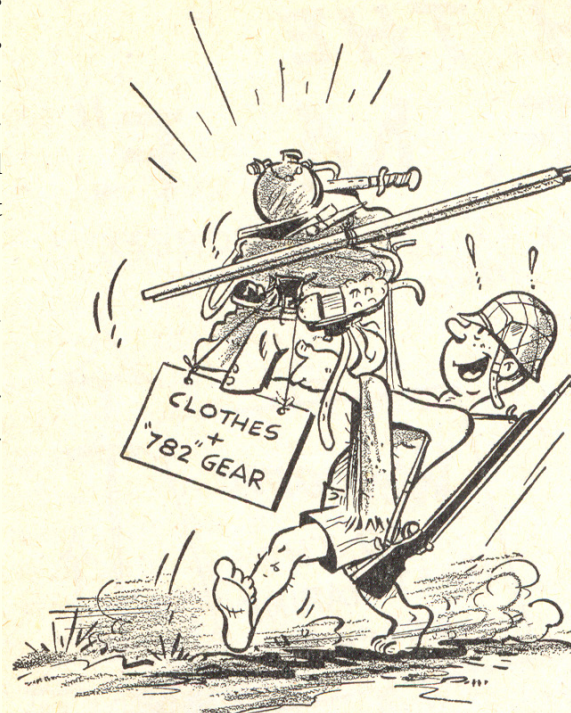
and its uses, obstacle courses, infiltration courses, firing the range, close order drill, conditioning hikes, overnight bivouacs, problems of evacuation of the wounded, training films, principles of camouflage, and numerous pointers pertaining to living and fighting in the field.

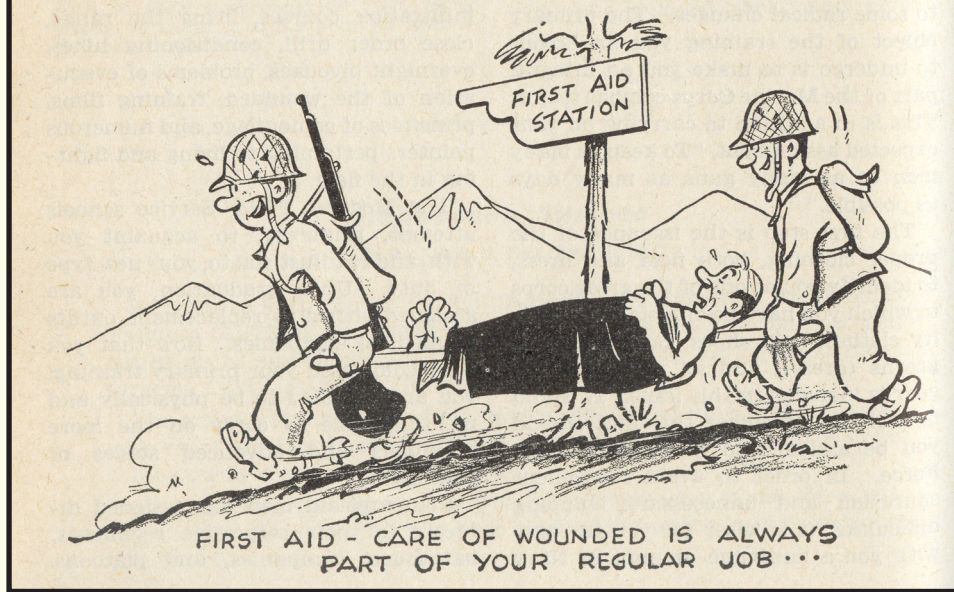
The Medical Field Service schools attempt, primarily, to acquaint you with, and readjust you to, your new type of duty. Upon graduation, you are assigned either to replacement outfits or medical companies. Now that you have

1. Article by Hospital Corps Officer and Medical Field Training Instructor Edward Gerard Dorsey (1911-1960) was originally published in *The Hospital Corps Quarterly* in July 1945. Illustrations are by Pharmacist's Mate Second Class Coleman Anderson. Before and after his brief tenure as a corpsman-illustrator in World War II, Anderson made a name for himself as a cartoonist with the "Chester Gould Gang" in Chicago, IL.

2. Navy Surgeon General Ross McIntire quote and official motto of the Navy Medical Department in World War II.

3. Also known as "Deuce Gear," "782's" are the equipment Marines carry in the field.





completed your primary training, you are expected to be physically and mentally able to carry on the more strenuous and advanced stages of training.

Company-aid men are assigned directly to their respective regiments, battalions, companies, and platoons. They live, operate, and are constantly associated with their respective outfits. This extends to all maneuvers in the field, ship to shore movements, and is a most important factor in training, especially for the preservation of life and limb. It has been very definitely proved that a man's chances of survival are enhanced considerably when trained with a regiment.

It is well to learn your lessons thoroughly. Many a casualty is the direct result of men not following conscientiously the instructions promulgated during indoctrination. After you "hit your target" it is too late to learn. The habit reflex must be established during your training phase—no after you have been committed to action!

Once assigned to your outfit, you are seldom reassigned. From then on, you are one of a combat team. Many hours will be spent in the field living under

simulated battle conditions. If assigned to a medical company, you will live and train for several months in a field hospital setup in an area familiarly referred to as the "boondocks." (footnote). This hospital is complete in every detail. Its offices, wards, operating room, laboratory, x-ray, storage, galley, and living quarters are set up. Remember, your area is not preordained! You must use a designated site allotted to you by the command and be prepared to overcome any obstacles.

It is interesting to note at this point the ingenuity and adaptability displayed by the men in my particular outfit. Some had never seen a shovel, hammer, or saw, much less handled one! However, it was not long before chairs, tables, desks, latrines, grease pits, incinerators, and numerous other gadgets were constructed by them for their individual comfort and the efficient functioning of the field hospital. Frankly, many were surprised at their own potentialities. They are all worthy of commendation for their excellent display of enthusiasm and adaptability.

Time, patience, and constant supervision are absolutely necessary to main-

tain sanitation in the field. Garbage disposal, grease traps, latrines, urinals, and especially that shipmate who is a bit on the lazy side at night, must be constantly watched and immediate measures instituted to correct any carelessness or negligence.

We set up our galley besides a stream, screened it completely, but we still were confronted with a fly problem. Fly traps were constructed and baited with fish-heads and molasses. The results were perfect from my viewpoint, but one morning on inspection I found the traps turned over and the bait gone. I inquired of the field mess sergeant on duty as to what had happened. His reply was, "Well, gee, Mr. Dorsey, all them things do is draw flies!"

First-aid and minor surgery, the administration of plasma, and operative technic [sic] are stressed. All hands, including the Marine Service Section of a medical company, are trained in the care and evacuation of the wounded. This training of the marine personnel included has proven advantageous in the numerous campaigns throughout the Pacific.

During this period of "in the field," as "in barracks," your combat training continues—such as night marches, overnight bivouacs, up and down cargo nets, problems in the field, combat swimming, and physical drills and exercises.

Yes, you can look forward to a very different and interesting experience upon receipt of those orders, reading, " * * * proceed and report for duty with the Fleet Marine Force."

Navy Medicine Almanac: 1913

Sometime you need to "look back" just to see how far you have come. It is hard to believe that one hundred years ago, the U.S. population had reached 97,225,000 and stretched across 48 states with the additions of Arizona and New Mexico into the Union. Former Princeton President and New Jersey Governor Woodrow Wilson was inaugurated on 4 March 1913 as the thirty-third U.S. president. His first achievements in the year included the establishment of the U.S. Federal Reserve. Average life expectancy in the United States was 50 years for males and 55 years for females. Tuberculosis, pneumonia, and heart disease were the leading causes of mortality in 1913. In 1913, the Ford Motor Company pioneered the moving assembly line. As a result, a single automobile could now be manufactured in just under 2.5 hours. At the 69th Regiment Armory in New York City, America's first modern art exhibit is held marking the introduction of "Cubism," "Dadaism," "Fauvism," and "Abstract Expressionism" into the American lexicon. The baseball world saw Frank "Home Run" Baker bash a league leading 12 home runs throughout the 1913 season. Baker's Philadelphia Athletics would beat the New York Giants in the "Fall Classic" to capture their third World Series in a row. Richard Nixon, Gerald Ford, Vince Lombardi, Jesse Owens, Burt Lancaster, Vivien Leigh, and Rosa Parks were all born in 1913.

IN NAVAL AFFAIRS. Newspaper editor Josephus Daniels was appointed Secretary of the Navy. Daniels oversaw a force of 52,202 officers and enlisted Sailors. In 1913, the Navy was organized into the Asiatic, Atlantic and Pacific fleets comprising 42 destroyers, 33 battleships, 27 gunboats, 26 light cruisers, 26 torpedo boats, 24 submarines, 20 fuel ships, 17 converted yachts, 10 armored cruisers, 10 monitors, 5 transports, 4 supply ships, and 2 hospital ships (USS *Relief* and *Solace*). The Navy's first aircraft carrier (USS *Langley*) was still nine years away.

IN NAVY MEDICINE.

Navy Medical Personnel...the Navy Medical Department was represented stateside and overseas by 15 active duty dentists, 1,234 hospital corpsmen, 130 nurses, and 292 physicians. Navy physicians were still called "surgeons." Dentists were referred to as "dental surgeons." Navy Nurses could be addressed as "superintendent," and "chief," if they were in leadership roles; having no rank in 1913, most nurses were commonly addressed as "Miss." Corpsmen could be "Hospital Stewards," or "Hospital Apprentices."

Salaries...Salaries for Navy medical personnel varied based on seniority, and position. Senior physicians serving as Fleet Surgeons and Medical Directors could earn up to \$4,400 per year. Assistant surgeons with less than five years of service earned a total of \$1,700 per year. The Navy Nurse Corps' most senior nurse (Superintendent) earned \$1,800 per year, whereas all other Navy nurses were paid between \$50 and \$65 per month, based on seniority. Senior hospital corpsmen (Hospital Stewards) earned \$60 per month and Hospital Apprentices First Class earned \$30 per month and Hospital Apprentices made a mere \$15 per month.

Navy Hospitals...the Navy operated hospitals stateside in Annapolis, MD, Brooklyn, NY, Chelsea, MA, Great Lakes, IL, Las Animas, CO, Mare Island, CA, Narragansett Bay, RI, Norfolk, VA, Philadelphia, PA,

Portsmouth, NH, Puget Sound, WA, and Washington, DC. Overseas the Navy managed medical facilities in Guam, Guantanamo Bay (Cuba), Cañacao and Olongapo (The Philippines), Tutuila (American Samoa) and Yokohama (Japan).

Special Duty...Navy physicians were sent on special details throughout 1913 to investigate: environmental conditions of submarines, deep sea diving, the Alaska Coal industry, and the vitamin deficiency disease pellagra.

Expeditionary Medicine...there are still no authorized uniforms for Navy dental and medical officers serving with expeditionary forces. The custom in 1913 is for dentists and physicians to wear enlisted men's khaki uniforms. All sorts of variegated makeshift uniforms are observed.

Keeping Clean...For the first time, vacuum cleaners are installed at all naval hospitals proving "eminently satisfactory." New naval tests are prescribed for officers who apply for aviation duty to ensure all applicants have "perfect control of their physical and mental faculties."

Hearing Protection...Navy Surgeon General Charles Stokes recommended that ear protection be made available to all Sailors. Stokes wrote that "The necessity of such a device is becoming more generally appreciated, and men are more willing than formerly to protect themselves in this way."

Leading Cause for Hospital Admission...Venereal diseases are the leading cause for admission into naval hospitals in 1913. Some 7,320 Sailors and Marines are admitted with gonorrhea and syphilis alone accounting for 120,896 sick days.

Smallpox...Despite the existence of smallpox inoculations the disease was still a health issue in the Navy. In December 1913, a smallpox outbreak hit the crew of USS *Ohio* leading to five deaths. Throughout the year smallpox accounted for 681 sick days for Navy and Marine Corps personnel.

Sources

Annual Report of the Surgeon General, U.S. Navy to the Secretary of the Navy for the Fiscal Year 1913. Washington, DC: GPO. 1913.

Annual Report of the Surgeon General, U.S. Navy to the Secretary of the Navy for the Fiscal Year 1914. Washington, DC: GPO. 1914.

Register of the Commissioned and Warrant Officers of the U.S. Navy and Marine Corps, Jan 1 1913. Washington, DC: GPO. 1913.

Annual "Mortality Statistics." Website: http://www.cdc.gov/nchs/data/vsushistorical/mortstatsh_1913.pdf

BARTON'S
WORKS

BARTON'S
WORKS

BARTON'S
MEDICAL
BOTANY

VOL. 2.

BARTON'S
MEDICAL
BOTANY

1

BARTON'S
FLORA

BARTON'S
FLORA

Notes from the Archives

by Michael Rhode, Navy Medical Archivist

As part of the relocation of the Bureau of Medicine and Surgery (BUMED) from the Potomac Annex, the Office of Medical History transferred over 100 boxes of rare, non-Navy related books and periodicals to the National Library of Medicine. Formerly part of Edward Stitt Library Rare Book Collection at the National Naval Medical Center in Bethesda, MD, many of these books were donated to the libraries of the Navy Museum of Hygiene and later the Navy Medical School. Among the books included were *Inquiry into Cow Pox*, Edward Jenner's self-published 1798 monograph on smallpox vaccination; *Opera Omnia*, a 1686 collection of Malpigi's works; *Dispensatorium Medico-Pharmaceuticum Pragense*, 1739; *A New System of Geography* by Fenning and Collyer, 1780; *Reports of the Medical Officers of the Chinese Imperial Maritime Customs Service*, 1884; *Medical and surgical history of the British Army which served in Turkey and the Crimea*, vol. 2, 1858; *Pomona* by Langely, 1729; *De Medicina Methodica* by Alpinus, 1611, *Opera Chirurgica* by Paré, 1594; *Opera Omnia Anatomica & Physiologica* by Fabricii, 1687; and *Medicina Univera Iohannis*, 1587. A small amount of the journal collection was sent as well including *Lancet* vol. 8, 1825; *Lancet*, 1869; and *Aesculapian Register*, 1824. Books related to Navy medicine have been retained in the BUMED History Office.

Several archival collections were kept at the History Office including an "Album of Medical Commissions"; "Dr. James Ambler Collection" (related to the shipwreck of the USS *Jeanette* in polar ice); "Dr. John Bell's Civil-War era journal of 'Visit of inspection of the U.S. Military Hospitals in Baltimore April 1st-14th, 1863,'" "Journal of practice, USS *Saratoga*" (1857) by T. Le P. Cronmiller, MD, USN; *Igiene Navale Translations* - Uncredited and incomplete translation of Carlo Maurizio Belli's *Igiene Navale: Manuale per Medicidi Bordo, Officiali Navigante e Costruttori Navali*." Milano: Societia Edictrice Libraria, 1905 as "*Naval Hygiene*"; the Law Collection of "Case Book of Assistant Surgeon H.L. Law. U.S. Navy. From Nov. 9th 1870, to 15th Feby. 1875", a volume labeled "Medical Department Journal of the USS *Ranger*, 1876" - actually Law's letterpress book containing copies of his correspondence, with an index to correspondents at the beginning, a folder of correspondence on his Naval career from 1880-1907, and Law's copy of *Instructions for Medical Officers of the U.S. Navy* (1878) with some tipped in material included; *Naval Examining Board Logbook* of the essays of exams from 1893; "A rough, hand written journal containing the records, minutes, notes, etc, of the Naval Medical Society from April 27, 1882 to December 25, 1886. By several authors. (Medical Officers of the Navy)" - from a label on the front of the journal; Navy Medical Department Historical Data Series World War II volumes - 26 bound printouts of microfilm of reports from the field compiled during World War II by BUMED's Administrative History Section; Jonathan B Nell's "*Journal Medical*," or school notes from Indianapolis, July 28, 1854; Two volumes of pathological diagnosis notes of cases (1911-1916) from around the United States, including contributor's name and location, presumably done at Naval Hospital, Washington, DC; 1844 notes on chemistry by Naval assistant surgeon Ninian Pinckney; and 4 scrap-books of Surgeon General Clifford Anders Swanson covering 1947-48, 1949-50 and 1950-1955.



ZUMWALT



THE LIFE AND TIMES OF
ADMIRAL ELMO RUSSELL "BUD" ZUMWALT, JR.

LARRY BERMAN

Zumwalt: The Life and Times of Admiral Elmo “Bud” Zumwalt, Jr.

By Larry Berman

Harper Collins, New York. 2012. 508 pages (including index)

In his biography of the legendary Admiral Elmo Zumwalt, Larry Berman paints a picture of a noble, and sometimes Quixotic, knight seeking to repair a kingdom overburdened with institutionalized myopia. The knight Zumwalt is a man of ambition, talent, imbued with natural leadership, fine oratorical skills, but most importantly compassion. In his quest to reinvigorate the Navy, Zumwalt proves almost resilient despite powerful opposition and political obstacles.

Considered by many, including Berman, as the “Father of the Modern Navy,” Admiral Elmo “Bud” Zumwalt, Jr. rose from a less than auspicious start at the Naval Academy to become the youngest Chief of Naval Operations (April 1970) in U.S. history and the first surface officer since Arleigh Burke to serve in this role. During his “watch,” he remolded the Navy for the times and, as Berman asserts, becoming its “conscience.”

Berman takes the reader on a fascinating journey through Zumwalt’s life from his childhood in Tulare, CA, where he grew up the son of two physicians, through service in World War II and Vietnam, and through a productive post-service career. Berman dedicates chapters to Zumwalt’s time at the Naval Academy (“Education of a Naval Officer”), service in World War II (“War Years”), Vietnam (“Brown Water Navy”), and the story of his tenure as CNO (“The Watch Begins,” “Zingers,” and “Rough Seas”). In the chapter entitled, “Crossroads,” Berman looks at Zumwalt’s service aboard ships and ashore and presents an entertaining story of the first of several “tumultuous” encounters with Admiral Hyman G. Rickover, “The Father of the Nuclear Navy.”

Today, Zumwalt is probably best known for establishing “Z-Grams.” Z-grams were messages from Zumwalt sent to all Navy commands concerning Navy policy and guidance. Between April 1970 and July 1974, Admiral Zumwalt issued 121 Z-grams pertaining to everything from permitting sailors to grow facial hair and ride motorcycles to landmark directives on race and gender equality. Zumwalt’s Z-66 “Equal Opportunity in the Navy” (17 December 1970) directed all Navy commands to assign special assistants for minority affairs with direct access to the chain of command and who would help determine the depth of the racial problems in the Navy. As a result of this notice, nearly 2,800 new positions were created with the purpose of serving as consultants on race relations. Zumwalt followed this by establishing the CNO’s Advisory Committee of Race Relations and Minority Affairs as a means of obtaining greater representation of minorities in positions of officer and enlisted leadership. And ultimately to create a colorblind Navy that is free of racial disparity.

Two years after his groundbreaking initiatives on race, Zumwalt issued Z-116 (on 7 August 1972) as a means of achieving gender equality by removing restrictions on opportunities for women in the Navy. Zumwalt went as far as to advocate the repeal of Combat-Exclusion Law and allowing women to volunteer for combat positions. In 1972, Zumwalt selected Navy nurse Alene Duerk as the first woman flag officer. During the press conference Zumwalt was photographed kissing RADM Duerk on the lips leading one journalist to write, “First it’s Booze & Rock Music in the barracks to corrupts the boys—now it’s a kiss for the LIB—Are you sure You don’t represent the French Navy? No small wonder we can’t win the war with the likes of you in Charge—May God save America in spite of you.” To this, Berman quotes Zumwalt as joking, “You must understand one does not become CNO without having kissed a lot of admirals.”

One cannot read Berman’s *Zumwalt* without developing an appreciation for the subject. Elmo Zumwalt was not without his flaws, but he was certainly a charismatic leader who led with great courage, integrity and heart. As a historical figure, Zumwalt should be remembered as one of this Navy’s, and nation’s, finest. **by ABS**

A product of the
Communications Directorate
Bureau of Medicine and Surgery